

MUST BE PRINTED ON AGENCY LETTERHEAD

INVOICE FORMAT

ATTACHMENT ____

OA Tracking #:

OA Date Stamp

1

Contractor Name

Mailing Address

2

3

4

Contract Number/MOU Number

6

Period of Service (month / year)

Program Name:

5

	Amounts
A. PERSONNEL	\$
B. OPERATING EXPENSE	\$
C. CAPITAL EXPENDITURES	\$
D. OTHER COSTS	\$
E. INDIRECT COSTS	\$
TOTAL INVOICE	\$ -
(LESS ADVANCE PAYMENT - if applicable)	\$ -
TOTAL AMOUNT PAYABLE	\$ -

I hereby certify that the amount claimed is accurate and a true representation of the amount owed.

7	8
Authorized Signature	Date
Print name of authorized signature	Title

OA Review:

(Initial & Date)

FOR OA USE ONLY